January 1997

Clinical Center News

In this issue:

Gallin covers plans, progress in CC meeting

Plans for a smaller, leaner, friendlier hospital and changes in how we care for patients were among topics Dr. John Gallin, CC director, covered during a town meeting last month.

The bottom line, he explained after outlining key programs and trends, is that "We will be more efficient. We will have better procurement processes. Some contracts, such as the radiology contract, are going to be terminated and staff folded into the Clinical Center employment team, saving us millions of dollars in overhead. And, we are going to become really good at strategic planning."

How we provide patient-care services has changed, Dr. Gallin added. One dramatic statistic is the decrease in the average length of stay. It's dropped from 23 days in 1975 to nine days in 1996.

"That's because we've gotten better, more efficient. Patients don't need to stay in the hospital as long."

Other trends affecting patient-care services include a leveling off of outpatient visits, which had started to decline about four years ago, and a decrease in the number of inpatient admissions.

But, Dr. Gallin points out, "We are seeing more new patients. The level of activity is stable."

And so is the CC budget, reflecting the leveling off of the patient census. It's been at about $221 million for the last few years, a situation Dr. Gallin says has been possible "because we have new efficiencies that many of you have contributed to to make things better. We've been able to eliminate positions through attrition . . . without anyone losing a job," he said. "We've achieved our [FTE] goals for FY97 and FY98, but we're going to have to look for more efficiencies in the future. No one will lose a job. No one's going to be dismissed. I can promise you that."

Dr. Gallin also offered these updates:

•Funding for the new hospital. Congress made a $90 million down payment on the new Clinical Research Center in September and gave NIH permission to contract for the entire project, assurance that the project will be funded incrementally.

•Design of the new hospital. "The only thing we are absolutely certain about is that we don't know what we'll be doing 20 years from now." That's why flexibility will be the main feature of the new building's design.

•New construction. The back door will become the front for the construction's duration. Expect that swap midyear. Groundbreaking will

See **town meeting,** page 7

NIH Clinical Research Festival

Feb. 10, 1997

at the Warren Grant Magnuson Clinical Center

The NIH celebration will feature:

- •an overview of the Clinical Center's revitalization
- •details on the design of the new hospital
- •scientific presentations on current clinical research
- •poster sessions
- •workshops on cutting-edge issues in medicine

Mark your calendars!

from the director

by Dr. John I. Gallin
CC director

The New Year promises to bring another period of unparalleled growth for the Clinical Center. It will be a year of change, challenge, and opportunity that will affect the bricks of our physical environment as much as the mortar of how our organization functions.

We'll begin to see tangible progress on the design of our new building. After extensive interviews with all levels of Clinical Center and NIH staff, as well as patients and their families, the architects are working on detailed plans for the new Clinical Research Center. Groundbreaking will probably be in the fall.

During 1997, we anticipate important decisions about how patient care here is paid for. The President requested and Congress paved the way legislatively for us to collect money from insurance companies. While we are working hard to determine the most efficient way to do this, I am committed to making certain that any changes will be accomplished without causing any negative impact for either the patients or the researchers.

This year we will begin to more fully benefit from the support and advice offered by our new Board of Governors. This group hit the ground running in October, sanctioning a budget plan that assures us a stable approach to our funding plan. Next, the board will look at our strategic plan, a document that details our mission, examines how we need to improve ourselves, and maps out specific steps needed to reach our goals. In order to work efficiently, we must have a plan, a mechanism to shape and guide all of the individual initiatives and programs that are in development or on the horizon.

I will do my best to keep you informed about these and other issues affecting the Clinical Center and how they fit together. These are exciting times for us. Each of you plays a key role in making the most of these opportunities.

working

Editor's note: **This is first in a series of articles on personnel issues from the CC Office of Human Resources Management.**

Some new rules about sick leave will benefit retiring and returning federal workers.

One change removes the deadline for re-crediting sick leave for workers who leave federal service and then come back. Before the new rule took effect, that leave could be re-credited only if the worker came back to federal service within three years. Now the leave is re-credited no matter how long the break in service.

Unused sick leave translates to an increase in the annuity for workers retiring under the Civil Service Retirement System. Sick leave credit can't figure into the calculation of the employee's average salary and it can't be used to meet length-of-service requirements for retirement. But, there's no limit to the amount of sick leave that can be credited to CSRS retirement. Workers covered under the Federal Employees Retirement System may not convert unused sick leave for extra retirement credit.

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Did you forfeit annual leave? Can you get it back? Maybe, according to the Office of Personnel Management.

Only a certain amount of leave can be carried over to the next leave year. If you don't use the surplus, you lose it. The exceptions? If the leave was forfeited because of an administrative error; because of employee illness; or if you are needed at work and it's so important that you can't be spared long enough to take the leave.

There are very specific guidelines for each exception, and the leave can be restored only once. For more information on these and other personnel issues, contact the personnel team that serves your area.

Clinical Center News

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Clinical Center News, Building 10, Room 1C255, National Institutes of Health, Bethesda, Maryland 20892. (301) 496-2563. Fax: 402-2984. Published monthly for CC employees by the Office of Clinical Center Communications, Colleen Henrichsen, chief. News, article ideas, calendar events, letters, and photographs are welcome. **Deadline** for submissions is the second Monday of each month.

Campaign extended

The Combined Federal Campaign will run through mid-January. This offers additional time to review the many noteworthy charities participating in the CFC.

Walter L. Jones, CC deputy director of management and operations and CFC coordinator for the hospital, noted the many pledges already received by the key workers. "The worthiness of the CFC charities is being reflected in the generosity of the contributors."

This year NIH's goal is to raise $1 million dollars. As *CC News* went to press, more than 80 percent of the goal had been met. The Clinical Center had also met more than 94 percent of its goal of raising $89,000. Warren Moyer, assistant CFC coordinator, added, "Our key workers have been working hard and by mid-January we should reach our goal." See your key worker if you want to make a pledge.

Flu vaccine used here OK, officials say

If you got your flu shot at the Clinical Center this fall, don't worry. You're protected. CDC and FDA have recommended that certain high-risk groups get the vaccination again because some batches of the vaccine were not potent enough to provide protection.

The staff in OMS and the CC Pharmacy Department have reviewed records and found that none of the vaccine used here came from the affected batches.

More information on the vaccine is available from the FDA web site, <http://www.fda.gov/cber/vaccinerecall.htm>.

Medical arts adds campus satellite dish

Interested in linking a satellite program? You don't need a Ph.D. in aerospace technology now that a satellite dish has been installed on the roof of building 31. And with that dish, the Medical Arts and Photography Branch's video section can down link any program being fed around the world, round-the-clock.

"It's another step toward connecting NIH to the rest of the medical world," says Ken Ryland, video section chief. The dish can be programmed to record any possible coordinates through the computer in the video section offices. Also, programs can be viewed on the NIH/Montgomery cable system channels 40, 41, and 42, as well as through video conferencing.

NCI was the first to use the system to record the Howard Hughes Medical Institute's holiday lecture series. To view a satellite program on NIH cable costs only about $75. Recording a program is only slightly more.

For more information on the new satellite capabilities, contact Ryland at 496-4700.

New materials management chief named

Frank La Bosco has been named director of the Materials Management Department. He comes to the Clinical Center from D.C. General Hospital where, since 1990, he had served as director of pharmacy and interim associate hospital administrator.

During his tenure there, La Bosco participated in a multi-departmental project to strengthen patient-centered hospital systems funded by a $5 million grant from the Robert Wood Johnson/Pew Charitable Trust. He also co-authored medication guides for nurses and pharmacists and received the 1995 Abbott Labs Hospital Pharmacy Quality Award for a paper, "Management of Medication Misadventures."

La Bosco, who holds a B.S. in pharmacy and a master's in hospital pharmacy administration from Long Island University, directed the departments of pharmacy and materials management for Brooklyn's Shore Front Long Term Care Center from 1985-1990. He was senior pharmacist at the Maimonides Medicine Center, also in Brooklyn, from 1975-1985.

He serves on the adjunct faculty for the College of Pharmacy at Howard University.

Assisted-parking plan designed to ease crowding

Parking woes may ease a bit come Jan. 13 when the Clinical Center plans to begin attendant-assisted parking on P3. That, coupled with more stringent monitoring of who's parking there, should yield about 100 more spaces.

"This is another step we're taking to provide some real relief for the parking problems patients and staff are facing during the garage repairs," said Dr. John Gallin, CC director. "Our intention is to use the experience we gain with this program to refine our approach to the overall problem. Our goal is to find long-term parking solutions for patients and employees."

Under this plan a contractor will oversee parking for P3. Drivers authorized to park there will be directed to individual parking places until all are full. Next, attendants will send drivers to specific areas set aside for stacked parking.

Everyone entering the garage will get a two-part ticket. Patients and visitors to patients will leave one part of the ticket in their cars. They must have the other half validated at the admissions desk before retrieving their cars.

Other authorized users of P3 must show their dash-board permits when leaving the garage 6:30 a.m.-6:30 p.m.

Any driver leaving the garage without a validated ticket or a current permit may be assessed a parking fee.

Ignition keys will stay with cars parked on P3 and parking contractors will make sure that security safeguards are in place. A series of intercoms will be installed in the garage so that attendants can be called to move stacked cars.

"The contractor is Colonial Parking, a firm with extensive experience providing these services at medical facilities and hospitals," Dr. Gallin pointed out. "They have assured us that drivers whose cars are stacked will not have to wait more than three minutes for help from an attendant."

Four attendants, a manager, and a gate keeper will be on duty from 6:30 a.m.-6:30 p.m. weekdays, except holidays. One attendant will staff the garage 6:30 p.m.-1 a.m.

The plan was OK'd during a Dec. 13 meeting among officials from the Clinical Center, the NIH Office of Research Services, and the NIH Division of Engineering Services.

"We'll continuously monitor this system so that unforeseen problems can be dealt with as soon as they arise," said Dr. Gallin, "and we'll continue to explore other options to help resolve parking issues for CC employees."

Repairs to the parking garage are as critical as they are inconvenient. The original concrete was poured during a particularly harsh winter. Calcium chloride added to keep the concrete from freezing as it was poured has gradually reacted with the iron in the garage reinforcements and has caused the concrete to deteriorate. "That's why the garage is falling apart and we have to fix it. If we don't, it will fall down," said Dr. Gallin during his December town meeting.

Shuttles have already been added to help workers displaced to distant parking spots. Early last month, the motor pool parking lot between building 1 and the CC was converted to general parking, a switch that opened up about 40 spaces near the building.

"We welcome your ideas and suggestions on dealing with this problem," Dr. Gallin added. "E-mail or telephone them to Rona Buchbinder, in my office, at rbuchbinder@nih.gov or 496-3229.

—by Sara Byars

Super visitor

Dr. Harold Varmus, NIH director, greeted actor Christopher Reeve as he arrived for a tour of the Clinical Center last month. The actor, noted for his *Superman* roles, has championed research on spinal-cord injuries since his 1995 accident.

Turbo retires

The Clinical Center was site of a retirement of a different type recently when Turbo, who had served with the NIH police, said goodbye to coworkers and friends. Turbo's a yellow lab specially trained to detect explosives. She's worked here for about six of her nine years and will spend her retirement years in a good home. Her handler, Corporal Bill Horn (left), received special permission from the government to keep Turbo. They'd worked together for about two years. Among those saying goodbye to Turbo was Floride Canter, chairman of the CC's Red Cross volunteers.

briefs

Personnel offices to relocate

The Office of Human Resources Management is on the move. Later this month the entire office will be centrally located at 6100 Executive Blvd.The director is working with his staff to develop ways to keep the inconvenience to CC employees to a minimum, including a satellite office planned for room 1D40.

It will provide employees a convenient place for general personnel business, such as picking up forms and dropping off applications. The office's information center will also move from its current location to the wall outside the satellite office. All phone numbers are expected to stay the same.

Cartledge named

Tannia Cartledge will serve as acting service chief for Nursing Department's adult and pediatric nursing service. Cartledge had been head nurse on the third and ninth floor outpatient clinics. Nancy Dianis, former service chief, has accepted a new position in the private sector in Baltimore.

Plan now for bad weather

It's not too early to start thinking about plans for the season's inevitable snowy days and CC officials have already begun preparations for the first snow emergency.

Walter L. Jones, CC deputy director for operations and management, suggests that employees check with supervisors to determine if they are "emergency" or "non-emergency" staffers. Employees designated as "emergency" are required to report to work during weather emergencies that result in agency closures.

The CC will continue its registry of employees with four-wheel-drive vehicles willing to help during those weather emergencies.

To volunteer, contact Vermelle Sandifer in the Outpatient Department. Call 496-2341.

Those volunteers and staff were true heroes during last January's historic blizzard, Jones noted. Some 77 volunteer drivers ferried 200 patients and employees between the CC and home during the blizzard's worst.

Hours change

The NIH Blood Bank has new hours beginning this month. They'll open 7:30 a.m.-3:30 p.m. on Monday, Wednesday, and Friday; 7:30 a.m.-12:30 p.m. on Tuesday; and 7:30 a.m.-5:15 p.m. on Thursday. Walk-ins are accepted, but appointments preferred. Call 496-1048 for details.

Auction benefits FOCC, PEF

Clinical Pathology Department's 24th annual holiday auction netted $1,020 for the Patient Emergency Fund and the Friends of the Clinical Center.

Healthy volunteers play critical role in clinical research

A small town's worth of volunteers—about 7,500—are registered with the Clinical Center's Clinical Research Volunteer Program (CRVP).

Each year, about 4,500 of them participate in hundreds of clinical trials here.

"Healthy volunteers are important to researchers because they provide data for comparison with patients who have specific illnesses," says Joan Mallin, CRVP director for the past year. "We recruit two types of volunteers—healthy people from the community and college students taking part in long-term studies."

The students who come here as healthy volunteers live at the Clinical Center while also working in labs or medical departments. Preceptors, or mentors, work with the students during their participation in long-term studies and the students receive academic credit at their home universities.

For many students, being able to cite the NIH as a reference on an application to graduate or medical schools is a big attraction. The volunteers receive a daily stipend for basic necessities and a round-trip travel allowance from the place of recruitment, usually their universities. They live on patient-care units in semi-private rooms with a private bath and color television.

Presently there are 80 researchers willing to volunteer as mentors and there are three times more students interested in the program than are needed. Only two long-term studies currently are available for student volunteers—one is a Vitamin C study that lasts for six months and the other is a lipid study lasting 10 to 12 weeks.

Of the approximately 40 students who take part in long-term research studies each year, two or three eventually return to work at NIH in some research capacity.

Healthy volunteers who are not students in long-term studies come from the metro area. They help further medical knowledge by taking part in a variety of clinical trials—some only hours long, others that last for years. Some studies involve hormones, memory, stroke risk, asthma, or balding. Many of the research studies involve only filling out questionnaires. Others require overnight stays at the hospital.

Healthy volunteers are paid for their time and inconvenience. The amount depends on the demands of the study.

Although there have been healthy volunteers at the Clinical Center since the doors opened in 1953, there have been many changes made over the past year in how the volunteer program works.

One change is that payment to volunteers is now easier, less costly to the CC, and faster because it's done in-house.

They help further medical knowledge by taking part in a variety of clinical trials—some only hours long, others that last for years.

Joan Mallin directs the CC's Clinical Research Volunteer Program.

All of the healthy volunteers must register with the CRVP office and present a social security or tax identification number. Information about the volunteer is entered into a newly designed database. The new system allows program staff to search the database for investigators to find volunteers for upcoming or current studies.

The protocol list available to volunteers is updated daily with information from the Medical Record Department. Anyone interested in becoming a volunteer can stop by to view by computer or catalogs the some 300 studies currently recruiting.

Volunteers finding a potential study can use the newly installed bank of telephones to call and arrange for screening prior to acceptance into the protocol.

For more information, contact the Clinical Research Volunteer Program at 496-4763. They are in Quarters 15 on West Drive across from the Children's Inn.

—by Laura Bradbard

The 270-foot cranes towering over the Clinical Center are in place to literally raise the roof as part of the Essential Maintenance and Safety Program. According to John Jenkins, project director in the NIH Division of Engineering Services, special projects branch, the five CC wings will have their roofs raised to allow installation of new heating and air-conditioning systems while keeping the existing systems in operation. The massive project also includes replacement and upgrade of lab fume hoods; installation of new fire sprinklers; and rewiring for a new combined LAN and telephone system. Interior work will be phased in by floor and completed during non-working hours to keep down disruptions.

. . . plans, progress outlined in town meeting

(Continued from page one)

likely be in the fall, with relocation of Center Drive soon to follow.

•Rehabilitation of the existing building. "We can fix up the wards, paint the corridors, and make it look nice, but behind the walls we have serious problems," Dr. Gallin says. The monumental Essential Maintenance and Safety Utility Renovations Project should keep the old hospital going until the new one opens. The work will upgrade and expand ventilation, mechanical, electrical, and fire-protection systems.

•Parking woes. Repairs to the parking garage are disruptive but critical. Shuttles have been added to help workers displaced to distant parking spots. "This is just a beginning, Dr. Gallin notes. "We are working with the NIH Division of Engineering Services to come up with a plan. We're going to fix this problem."

•Third-party payments. Congress passed a law that authorizes the CC to bill insurance companies for some patient-care costs. "The President asked for this and we're figuring out how to do it," Dr. Gallin said.

Key elements of any plan will have to include no patient billing, no additional work for the researchers, and no possibility of patients participating in clinical research being denied health insurance, he added.

•Cost accounting. A system now being developed to track patient-care costs is a first step in supporting the third-party payment proposals.

•Key staff appointments. Mike Goldrich came over from NIAID to serve as deputy director and chief operating officer. Dr. Ezekiel Emanuel, an oncologist from the Dana-Farber Cancer Institute at Harvard, will take over as bioethics chief here later this year. Frank La Bosco has been named chief of the Materials Management Department.

•CC research. The percentage of the CC budget earmarked for research by CC staff has grown steadily from 1.7 percent in FY95 to 2.4 percent in FY97, a trend Dr. Gallin sees as stable.

•Outreach. The Clinical Center has joined an alliance with Johns Hopkins and Suburban Hospital that allows all involved to share resources. It's the first in what Dr. Gallin hopes is a series of cooperative efforts with other institutions. In the works are a program to provide clinical research training for medical students from Duke University and a project with the National Rehabilitation Hospital.

—by Sara Byars

looking back

A lobby with a view

When the Clinical Center opened its doors on July 2, 1953, visitors, patients, and staff entered an elegant marble lobby. It featured cozy seating areas complete with ash trays, a well-defined information desk, and a straight-shot to the main elevators. *CCNews* will use this space periodically to spotlight the way we were. If you have any old photos—or memories about this or other scenes—let us hear from you. Call the editor at 496-2563.

january

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Grand Rounds
noon-1 p.m.
Lipsett Amphitheater
Bench to Bedside: Rethinking Anti-Inflammatory Therapies in Sepsis, Peter Eichacker, M.D. (Benchwork) and Anthony Suffredini, M.D. (Bedside Implementation), CC

Wednesday Afternoon Lecture
3 p.m.
Masur Auditorium
Cell Biology of Antigen Presentation: MHC Class II Transport, Dendritic Cell Development, and Other Strange Tales, Ira Mellman, Ph.D., Yale University School of Medicine

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Monday Afternoon Lecture
2 p.m.
Masur Auditorium
The Clinical Investigator: Bewitched, Bothered, and Bedeviled, Joseph L. Goldstein, M.D., University of Texas Southwestern Medical Center at Dallas. This is the first James A. Shannon Lecture

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Grand Rounds
noon-1 p.m.
Lipsett Amphitheater
The Pathogenesis and Treatment of Zoster and Post-Herpetic Neuralgia, Stephen E. Straus, M.D., NIAID; *Make No Bones About It: Skeletal Dysplasias and Fibroblast Growth Factor Receptor 3 Mutations,* Clair A. Francomano, M.D., NCHGR

These live broadcasts to 50 medical schools across the country are part of the *CenterNet* series. No late arrivals. Overflow in Masur Auditorium.

Wednesday Afternoon Lecture
3 p.m.
Masur Auditorium
Feature Binding, Attention, and Object Perception, Anne Treisman, D. Phil., Princeton University

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Grand Rounds
noon-1 p.m.
Lipsett Amphitheater
A New Look at the Structure of the Human Brain Using Diffusion Tensor Imaging, Carlo Pierpaoli, M.D., NINDS; *Autoimmunity and the Immunotherapy of Cancer: Targeting the "Self" to Destroy the "Other,"* Nicholas P. Restifo, M.D., NCI

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Wednesday Afternoon Lecture
3 p.m.
Masur Auditorium
Reversible Phosphorylation and Cell Cycle Control, Helen M. Piwnica-Worms, Ph.D., Washington University School of Medicine

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Clinical Staff Conference
noon-1 p.m.
Lipsett Amphitheater
Cytokine Questions and Cytokine Answers in Experimental/Clinical Crohn's Disease, Warren Strober, M.D., NIAID, moderator

Wednesday Afternoon Lecture
3 p.m.
Masur Auditorium
Toward Understanding the Pathogenesis of Type 2 Spinocerebellar Ataxia, Huda Y. Zoghbi, M.D., Baylor College of Medicine